

OCT 17 2006

**FAX TRANSMISSION****DATE:** October 17, 2006**PTO IDENTIFIER:** Application Number 10/805,223-Conf. #9132  
Patent Number**Inventor:** Svante Persson et al.**MESSAGE TO:** US Patent and Trademark Office**FAX NUMBER:** (571) 273-8300**FROM:** CONNOLLY BOVE LODGE & HUTZ LLP

Burton A. Amernick

**PHONE:** (202) 331-7111**Attorney Dkt. #:** 20459-00348-US1**PAGES (Including Cover Sheet):** 10**CONTENTS:** Fee Transmittal (1 page)  
Response to Office Action (6 pages)  
Terminal Disclaimer (1 page)  
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PTO/SB/97 (09-04)

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Application No. (if known): 10/805,223

Attorney Docket No.: 20459-00348-US1

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OCT 17 2006

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Effective on 12/08/2004. Fee pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4010). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	10/805,223-Conf. #9132
		Filing Date	March 22, 2004
		First Named Inventor	Svante Persson
		Examiner Name	J. L. Gellner
		Art Unit	3643
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) 130.00		Attorney Docket No. 20459-00348-US1	

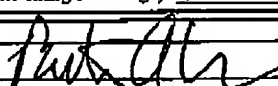
  

<b>METHOD OF PAYMENT (check all that apply)</b>	
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account    Deposit Account Number: <u>22-0185</u> Deposit Account Name: <u>Connolly Bove Lodge &amp; Hutz LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	

<b>FEE CALCULATION</b>																																														
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>																																														
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		<b>Small Entity</b>		<b>Small Entity</b>		<b>Small Entity</b>																																								
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>																																							
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Design	200	100	100	50	130	65																																								
Plant	200	100	300	150	160	80																																								
Reissue	300	150	500	250	600	300																																								
Provisional	200	100	0	0	0	0																																								
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							<b>Fee (\$)</b>																																							
<b>2. EXCESS CLAIM FEES</b>							<b>Fee (\$)</b>																																							
<b>Fee Description</b>							<b>Fee (\$)</b>																																							
Each claim over 20 (including Reissues)							50																																							
Each independent claim over 3 (including Reissues)							200																																							
Multiple dependent claims							360																																							
							180																																							
<table style="width: 100%;"> <tr> <td><b>Total Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">- 20 = _____ x _____ = _____</td> </tr> <tr> <td colspan="4">HP = highest number of total claims paid for, if greater than 20.</td> </tr> <tr> <td><b>Indep. Claims</b></td> <td><b>Extra Claims</b></td> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="4">- 14 = _____ x _____ = _____</td> </tr> <tr> <td colspan="4">HP = highest number of independent claims paid for, if greater than 3.</td> </tr> </table>							<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	_____	_____	_____	- 20 = _____ x _____ = _____				HP = highest number of total claims paid for, if greater than 20.				<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	_____	_____	_____	- 14 = _____ x _____ = _____				HP = highest number of independent claims paid for, if greater than 3.				<table style="width: 100%;"> <tr> <td colspan="2"><b>Multiple Dependent Claims</b></td> </tr> <tr> <td><b>Fee (\$)</b></td> <td><b>Fee Paid (\$)</b></td> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>		<b>Multiple Dependent Claims</b>		<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>	_____	_____
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<b>3. APPLICATION SIZE FEE</b>																																														
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																																														
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_____	_____	_____	_____	_____																																										
- 100 = _____ / 50 _____ (round up to a whole number) x _____ = _____																																														
					<b>Fees Paid (\$)</b>																																									
<b>4. OTHER FEE(S)</b>																																														
Non-English Specification, \$130 fee (no small entity discount)																																														
Other (e.g., late filing surcharge): 1814 Statutory Disclaimer					130.00																																									

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	24,852
Name (Print/Type)	Burton A. Amernick	Telephone	(202) 331-7111
		Date	October 17, 2006